

BOROUGH OF DARWEN.



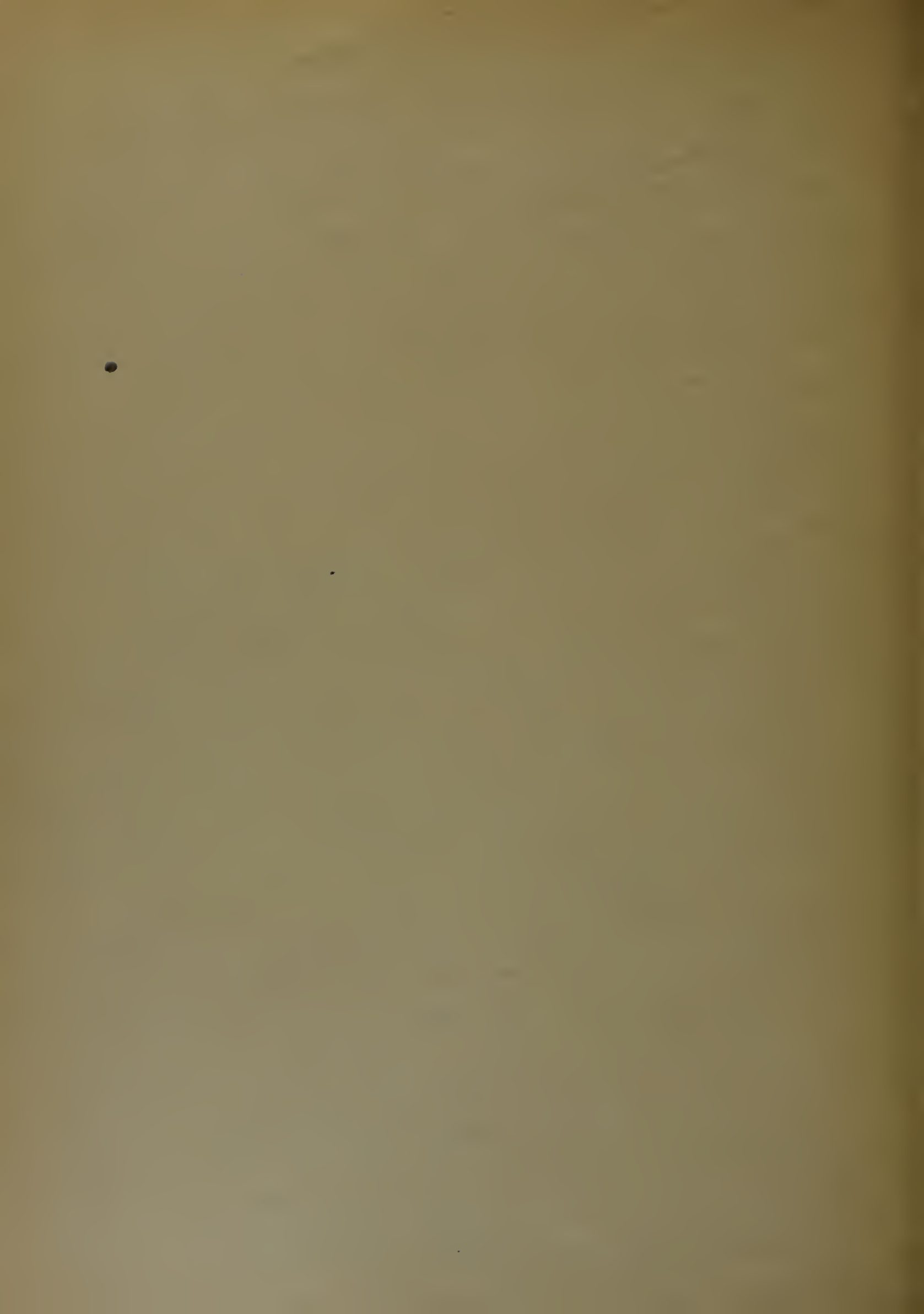
EDUCATION COMMITTEE.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1927
BY
James Robertson,
M.B., C.M., D.P.H.,
MEDICAL OFFICER OF HEALTH
And School Medical Officer.

DARWEN:

PRINTED AT THE "NEWS" OFFICE.

MCMXXVIII.



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1927-28.

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Staff of School Medical Department.

School Medical Officer :

JAMES ROBERTSON, M.B., C.M., D.P.H.

School Dentist (Part Time) :

JOHN R. TOWNEND.

Ophthalmic Surgeon (Part Time) :

A. BARRIE BROWNLEE, M.D., F.R.C.S.E.

School Nurse :

Miss E. MYCOCK.

Clerk :

Miss E. FISH.

SCHOOL CLINICS.



Name	Address.	Purpose.	Hours.
Inspection Clinic	Holker House, Railway Road.	Special examination of cases referred by Teachers, School Attendance Officers, and School Nurse.	Tuesdays and Thursdays, 4 —5.
Minor Ailments Clinic	Holker House, Railway Road	Treatment of Minor Ailments.	Every Afternoon, 4—5.30.
Ophthalmic Clinic	Holker House, Railway Road.	Refraction Errors and Prescription of Glasses.	Thursdays.
Dental Clinic.	Holker House, Railway Road.	Dental Treatment.	Fridays.
Throat and Nose Clinic,	Blackburn and East Lancs. Infirmary.	Operative Treatment of Tonsils and Adenoids	By Arrangement

HEALTH OFFICE,

DARWEN.

FEBRUARY, 1928.

**To the Chairman and Members of the Education Committee
of the Borough of Darwen.**

LADIES AND GENTLEMEN,

I have pleasure in presenting to you my Fifth Annual Report on the
Medical Inspection of the School Children.

I am, Ladies and Gentlemen,

Your obedient Servant,

JAMES ROBERTSON,

School Medical Officer.

NUMBER OF SCHOOLS AND CHILDREN.

There are 9 Council and 10 Non-Provided Schools in the Borough.

	No. of Schools.	No. on Rolls.	Average Attendance.
Council Schools	9 ...	2,003 ...	1,634
Church of England	8 ...	2,224 ...	1,834
Roman Catholic	2 ...	713 ...	556
<hr/>			
Total	19 ...	4,940 ...	4,024
<hr/>			

The rateable value of the Borough, 1926-27, was £218,903 10s. 0d., the total cost of Medical Inspection and Treatment for the year ending March, 1927, was £1,170 7s. 9d. The Government grant received towards this expenditure was £585 3s. 10½d., thus leaving to be a charge on the rates the sum of £585 3s. 10½d., being equivalent to 0.69 of a penny rate.

As the number of children in each age group show considerable variation, I give here the total Births for the years 1914 to 1921.

Year.	No.
1914	765
1915	666
1916	562
1917	427
1918	353
1919	495
1920	845
1921	753
1922	674
1923	602

MEDICAL INSPECTION RETURNS.

TABLE I.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants—

5 years of age	374
6 years of age	203
7 years of age	6

Intermediates—

8 years of age	583
	357

Leavers—	
12 years and over	444

Total	1384

Number of other Routine Inspections	22

B.—OTHER INSPECTIONS.

Number of Special Inspections	39
Number of Re-Inspections	353

Total	392

FINDING OF MEDICAL INSPECTION.

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1927.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	5	60	2	—
Uncleanliness	140	16	—	—
(See Table IV., Group V.)				
Skin—				
Ringworm—				
Scalp	1	—	3	—
Body	2	—	1	—
Scabies	—	—	—	—
Impetigo	8	—	3	—
Other Diseases (Non-Tuberculous)..	9	—	1	—

	(1)	(2)	(3)	(4)	(5)
Eye—					
Blepharitis	14	...	—	...	2
Conjunctivitis	3	...	—	...	—
Keratitis	—	...	—	...	—
Corneal Opacities	—	...	—	...	—
Defective Vision (excluding Squint).	79	...	98	...	7
Squint	15	...	3	...	1
Other Conditions	1	...	1	...	—
Ear—					
Defective Hearing	3	...	—	...	—
Otitis Media	2	...	—	...	—
Other Ear Diseases	—	...	—	...	—
Nose and Throat—					
Enlarged Tonsils only	29	...	28	...	2
Adenoids only	—	...	—	...	—
Enlarged Tonsils and Adenoids	3	...	—	...	—
Other Conditions	9	...	1	...	4
Enlarged Cervical Glands (Non-Tuber- culous)	—	...	1	...	—
Defective Speech	1	...	10	...	—
Teeth—Dental Diseases	9	...	—	...	1
(See Table IV., Group IV.)					
Heart and Circulation—					
Heart Disease—					
Organic	1	...	4	...	—
Functional	1	...	3	...	—
Anæmia	8	...	—	...	1
Lungs—					
Bronchitis	11	...	3	...	1
Other Non-Tuberculous Diseases ...	—	...	1	...	—
Tuberculosis—					
Pulmonary—					
Definite	—	...	—	...	—
Suspected	—	...	—	...	—
Non-Pulmonary—					
Glands	—	...	2	...	—
Spine	—	...	—	...	—

	(1)	(2)	(3)	(4)	(5)
Hip	—	...	1	...	—
Other Bones and Joints	—	...	—	...	—
Skin	—	...	—	...	—
Other Forms	—	...	1	...	—
Nervous System—					
Epilepsy	—	...	—	...	—
Chorea	—	...	—	...	—
Other Conditions	—	...	—	...	—
Deformities—					
Rickets	1	...	5	...	—
Spinal Curvature	—	...	4	...	—
Other Forms	3	...	10	...	2
Other Defects and Diseases	9	...	9	...	5

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
Code Groups—			
Entrants	583	62	10.63%
Intermediates	357	60	16.8%
Leavers	444	75	16.89%
Total (Code Groups)	1384	197	14.23%
Other Routine Inspections	22	2	9.09%

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

TABLE III.

	Boys.	Girls.	Total.
Blind (including partially blind)—			
(i) Suitable for training in a School or Class for the totally blind—			
Attending Certified Schools or Classes for the Blind	—	...	—
Attending Public Elementary Schools	—	...	—
At other Institutions	—	...	—
At no School or Institution	—	...	—

	Boys.		Girls.		Total.
(ii) Suitable for training in a School or Class for the partially blind—					
Attending Certified Schools or Classes for the Blind	—	...	—	...	—
Attending Public Elementary Schools	1	...	1	...	2
At other Institutions	—	...	—	...	—
At no School or Institution	—	...	1	...	—
Deaf (including deaf and dumb and partially deaf)—					
(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb—					
Attending Certified Schools or Classes for the Deaf	1	...	1	...	2
Attending Public Elementary Schools	—	...	—	...	—
At other Institutions	—	...	—	...	—
At no School or Institution	—	...	—	...	—
(ii) Suitable for training in a School or Class for the partially deaf—					
Attending Certified Schools or Classes for the Deaf	—	...	—	...	—
Attending Public Elementary Schools	—	...	—	...	—
At other Institutions	—	...	—	...	—
At no School or Institution	—	...	—	...	—
Mentally Defective—					
Feeble-minded (cases not notifiable to the Local Control Authority)—					
Attending Certified Schools for Mentally Defective Children	—	...	—	...	—
Attending Public Elementary Schools	13	...	6	...	19
At other Institutions	1	...	1	...	2
At no School or Institution	3	...	1	...	4
Notified to the Local Control Authority during the year—					
Feeble-minded	—	...	—	...	—
Imbeciles	—	...	—	...	—
Idiots	—	...	—	...	—
Epileptics—					
Suffering from severe epilepsy—					
Attending Certified Special Schools for Epileptics	—	...	—	...	—
In Institutions other than Certified Special Schools	—	...	—	...	—
Attending Public Elementary Schools	1	...	—	...	1
At no School or Institution	—	...	1	...	1

	Boys.		Girls.		Total.
Suffering from epilepsy which is not severe—					
Attending Public Elementary Schools	1	...	—	...	1
At no School or Institution	—	...	—	...	—
Physically Defective—					
Infectious pulmonary and glandular tuberculosis—					
At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	...	—	...	—
At other Institutions	—	...	—	...	—
At no School or Institution	1	...	—	...	1
Non-infectious but active pulmonary and glandular tuberculosis—					
At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	...	—	...	—
At Certified Residential Open Air Schools.	—	...	—	...	—
At Certified Day Open Air Schools	3	...	2	...	5
At Public Elementary Schools	—	...	—	...	—
At other Institutions	—	...	—	...	—
At no School or Institution	—	...	—	...	—
Delicate children (e.g., pre or latent tuber- culosis, malnutrition, debility, anæmia, etc.)—					
At Certified Residential Open Air Schools	—	...	—	...	—
At Certified Day Open Air Schools	10	...	10	...	20
At Public Elementary Schools	11	...	12	...	23
At other Institutions	—	...	—	...	—
At no School or Institution	—	...	—	...	—
Active non-pulmonary tuberculosis—					
At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	...	—	...	—
At Public Elementary Schools	—	...	—	...	—
At other Institutions	—	...	—	...	—
At no School or Institution	—	...	—	...	—

	Boys.	Girls.	Total.
Crippled Children (other than those with active tuberculosis diseases), e.g., child-suffering from paralysis, etc., and including those with severe heart disease—			
At Certified Hospital Schools	—	...	—
At Certified Residential Cripple Schools...	—	...	—
At Certified Day Cripple Schools	—	...	—
At Public Elementary Schools	55	56	111
At other Institutions	—	1	1
At no School or Institution	—	—	—

NOTES ON TABLE III.

(a) This Table is a return of all children in the area for whom the Local Education Authority are responsible and who (except in the case of children suffering from epilepsy which is not severe), have been ascertained to be blind, deaf, defective or epileptic within the meaning of Part V. of the Education Act, 1921. It is the statutory duty of every Local Education Authority formally to ascertain all defective children in their area irrespective of the actual provision now made for their instruction in Special Schools. It is assumed that every Authority will have a complete list of such children compiled from returns made continuously during the year and kept constantly up to date. In order to secure uniformity, Authorities are requested to make up this Table from their list of defective children as it stands on the last day of each calendar year.

Children who are living in residential schools in the area but who come from other areas, should not be included in this Table ; but children should be included who are living in residential schools outside the area and who are being maintained there by the Authority.

For the purpose of this Table, no child should be included whose defect has not been ascertained by the School Medical Officer or a medical member of the Authority's staff.

The definitions of defective children as given in the Act are as follows and must be very carefully borne in mind.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

Mentally and Physically Defective children are children who, not being imbecile and not being merely dull and backward, are defective, that is to say, children who by reason of mental or physical defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of that defect of receiving benefit from instruction in such special classes or schools as under Part V. of the Act may be provided for defective children.

Epileptic children are children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary public elementary schools.

TREATMENT TABLE.

TABLE IV.— RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1927.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.			
	Under the Authority's Scheme.	Otherwise.	Total.	
(1)	(2)	(3)	(4)	
Skin—				
Ringworm—Scalp	19	...	2	21
Ringworm—Body	23	...	—	23
Scabies	1	...	—	1
Impetigo	64	...	—	64
Other skin disease	34	...	2	36
Minor Eye Defects	35	...	2	37
(External and other, but excluding cases falling in Group II.).				
Minor Ear Defects	23	...	1	24
Miscellaneous	224	...	14	238
(e.g., minor injuries, bruises, sores, chilblains, etc.).				
Total	423	...	21	444

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	No. of Defects dealt with.				Total.
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.		Otherwise.	
(1)	(2)	(3)	(4)	(5)	
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	160	...	5	...	165
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	11	...	—	...	11
Total	171	...	5	...	176

Total number of children for whom spectacles were prescribed—	
(a) Under the Authority's Scheme	147
(b) Otherwise	5

Total number of children who obtained or received spectacles—	
(a) Under the Authority's Scheme	100
(b) Otherwise	24

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.

Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received other forms of Treatment	Total number treated
(1)	(2)	(3)	(4)	(5)
25	4	29	4	33

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were—	
(a) Inspected by the Dentist :	
Routine Age Groups : 5 years, 383 ; 6 years, 539 ; 7 years,	
532 ; 8 years, 265 ; 9 years, 230 ; 10 years, 334 ; 11	
years, 380 ; 12 years, 446 ; 13 years, 420 ; 14 years, 43 ;	
Total	3572
Specials	69

Grand Total	3641

(b) Found to require treatment	1203
(c) Actually treated	674
(d) Re-treated during the year as the result of periodical exam-	
ination	58
(2) Half-days devoted to—Inspection, 20 ; Treatment, 60 ; Total ...	80
(3) Attendances made by children for treatment	743
(4) Fillings—Permanent teeth, 236 ; Temporary teeth, 140 ; Total ...	376
(5) Extractions—Permanent teeth, 19 ; Temporary teeth, 973 ; Total	992
(6) Administrations of general anæsthetics for extractions	—
(7) Other operations—Permanent teeth, 47 ; Temporary teeth, 21 ;	
Total	68

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by	
the School Nurses	3.94
(ii.) Total number of examinations of children in the Schools by	
School Nurses	11484
(iii.) Number of individual children found unclean	743
(iv.) Number of children cleansed under arrangements made by the	
Local Education Authority	132
(v.) Number of cases in which legal proceedings were taken—	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Byelaws	—

CO-ORDINATION.

Under the Maternity and Child Welfare Scheme all children under five years are invited and encouraged to attend the Welfare Centres, are visited by the Health Visitors, their record cards are handed over to the School Medical Department, where they are attached to the School Medical Inspection Card, and can therefore be referred to, at their first and subsequent Medical Inspections.

A complete history of each child is thus obtained.

At the Child Welfare Centres, ailing children are carefully examined and simple advice is given. Arrangements are made, whereby these children are sent to Blackburn Royal Infirmary, or a particular Manchester Hospital, according to the nature of the illness, or defect found, for the necessary treatment. It is at this early age that much can be done for those children born with congenital defects, and in remedying various forms of crippling, including rickets.

SCHOOL HYGIENE.

The Schools have all floors scrubbed and walls brushed down each holiday period—this is four times per annum. All lavatories are thoroughly cleansed, and the walls limewashed at these holiday terms.

The Schools are examined at each of these periods by the Sanitary Inspectors, who report to me the condition before the re-opening.

The playgrounds attached to several of the Schools are inadequate for their purpose. There are no arrangements in the schools for the efficient drying of the children's clothes or footwear.

FOLLOWING UP.

The School Nurse attends at all the Medical Inspections, the Dental, Ophthalmic and Minor Ailments Clinics. She carries out cleanliness inspections at the various schools, and visits the homes as required, in regard to all cases arising out of the above duties.

The number of Home Visits paid during the year 1927 was—

Regarding Treatment	558
Regarding Uncleanliness	289

Total	847
-------------	-----

The number of Notices sent to Parents during year 1927—

For Dental Treatment	1203
For Medical Treatment	139
For Medical Exclusions	74
For Uncleanliness	358
For Uncleanliness Exclusions	15

Total	1789
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Number of Parents Interviewed at the Clinic during 1927	345
Number of Parents Interviewed at School Medical Inspection during 1927	332
	<hr/>
Total	677
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MEDICAL TREATMENT.

MINOR AILMENTS CLINIC.

This Clinic is open every day from 4 to 5-30 p.m. and on Saturday mornings. Children are sent to the Clinic—

- I. By the School Medical Officer, as a result of Medical Inspection.
- II. By the Nurse, arising out of her inspections.
- III. By the School Teachers.
- IV. By the Attendance Officers.
- V. By Parents.

An attendance card is carried by each child which is signed at the Clinic and at the School.

TONSILS AND ADENOIDS.

Cases requiring operation are sent by arrangement in small groups to the Blackburn Royal Infirmary.

The Education Committee have an arrangement with the Infirmary to have these operations performed by the Throat and Nose Surgeon, and pay a fee of £1 11s. 6d. per case to the Infirmary.

If any child requires to be kept overnight a further 7s. 6d. per night is paid.

Contributions are received by the Secretary to the Education Committee from all parents who can afford to pay.

TUBERCULOSIS.

All children so suffering, are referred to the District Tuberculosis Officer, and come under the County Council Scheme.

VISION.

A part-time Ophthalmic Surgeon attends one session per week, does all refraction work and gives advice in regard to other conditions.

He reports as follows—

GROUP A.—Hypermetropic Astigmatism	49
Mixed Astigmatism	25
Myopic Astigmatism	32
Hypermetropia	22
Myopia	29
Emmetropia	6
	<hr/>
Total	163
	<hr/>
GROUP B.—Phlyctenular Ophthalmia	3
Blepharitis	3
Convergent Strabismus	30
Divergent Strabismus	2
Nystagmus	1
Corneal Nebula	4
Other eye disease	1
	<hr/>
Total	44
	<hr/>

DENTAL CLINIC.

The Dentist is a part-time officer and attends two sessions per week.

He visits the schools to carry out dental inspections, he also has cases sent to the Clinic by—

- I. The School Medical Officer.
- II. The Nurse.
- III. Teachers.
- IV. Parents.

The Dentist reports as follows—

PARENTAL RESPONSIBILITY.

Public health is the foundation upon which reposes the happiness of the people and the strength of the nation.

We need the co-operation of the public to bring about a better condition of things.

It is a common cause of complaint that a large proportion of parents do not avail themselves of the treatment advised and offered for their children.

These would appear to be several.

I think it is looked upon as an innovation of recent years, and like other innovations, is regarded as an unnecessary new-fangled notion by many. Time will alter this and to a certain extent has done so already.

Prejudice and ignorance in other cases induce parents to set up their own opinion against that of one qualified to judge. Sheer dilatoriness and laziness in the case of some is likewise responsible for the dental neglect of their children.

But another, and even more sinister cause appears to be a definite lack of moral authority. The child does not wish for treatment, or dreads it, and the parents have neither the persuasive power with the child nor the authority to take him to the dentist.

The dental surgery is a great revealer of character, prominent among the traits therein displayed, or, on the other hand shown to be absent, are sympathy, tact and courage.

The occasions are frequent when it is made obvious that no adequate bond of sympathy and trust has been established between the two, which results in a painful manifestation of lack of sympathy on the part of the child. Too often the lack of that authority which would bring obedience and courage to the young patient is substituted by a process of deceit which is embarrassing to the dentist. Unfortunately children who are pampered and spoilt are an increasing number.

The change in the relationship between parent and child to-day compared with what was usual say 20 years ago, is remarkable and far-reaching in its effects.

From the dental point of view it makes directly for a C 3 nation, and forms one of the greatest obstacles to all who work in any way towards the raising of the standard of the national health and physique.

CARE OF THE CRIPPLE.

ORTHOPÆDIC TREATMENT.

The Blackburn District Union Workhouse is situated near the Blackburn-Darwen Boundary, and is easy of access. The district extending from the S.E., through the S. to S.W., is open country.

Within the extensive grounds, belonging to the Board of Guardians, a Children's Open-air Hospital has been built, with accommodation for 130 children.

There are two resident Medical Officers and a visiting Orthopædic Surgeon.

Children suffering from any form of crippling or physical defect are admitted.

PROCEDURE.

Any child in Darwen discovered by the Maternity and Child Welfare Staff, School Medical Staff or Attendance Officer, to be suffering from any crippling condition, is reported to the School Medical Officer. The parents are invited to bring the child to the Child Welfare Clinic or the School Clinic for examination and consultation. Should the case be a suitable one and the parents agree, the Hospital Authority is informed and arrangements are made for early admission and treatment.

The Hospital Staff advise the School Medical Officer the day the child is admitted, and when the child is discharged, a form is sent to the School Clinic, giving date of discharge and requesting us to keep the child under observation, and I report to the Hospital Authorities the child's progress. This scheme works satisfactorily and much useful work has been accomplished.

CRIPPLED CHILDREN FOUND IN 1927.

	Boys.	Girls.
Wry Neck	— ...	1
Spastic Hemiplegia	— ...	1
Anti Poliomyelitis	— ...	1
Scoliosis	1 ...	—
Rickets—General	3 ...	1
Kyphosis	1 ...	1

	Boys.	Girls.
Spastic Paralysis	1 ...	—
Scolio Curvature (healed T.B. left hip joint)	— ...	1
Exostosis	— ...	1
Undeveloped left thumb	— ...	1
	—	—
	6 ...	8
	—	—

CRIPPLED CHILDREN TREATED DURING 1927.

Rickets—General (Boy)—Treated by Sir Robert Jones.

Scolio Curvature T.B. Hip (Girl)—Treated at Queen's Park Hospital.

Poliomyelitis (Boy)—Treated by Sir Robert Robert Jones.

Knock-knee (Girl)—Treated at Pendlebury Hospital.

Wry Neck (Boy)—Operation at Queen's Park Hospital.

During the year two cripple children have been discharged from Queen's Park Hospital (admitted 1925).

There is still one child in Hospital—December 31st, 1927.

MENTALLY DEFECTIVE.

Feeble Minded 5 Boys 2 Girls.

Heart Disease 3 Boys. 3 Girls.

The above Table gives the number of physical defects found during the year and may be divided into two classes.

I. Cases requiring special forms of exercise, massage, advice in regard to general hygiene and suitable feeding.

II. Cases requiring hospital treatment.

As regards No. 1.—Suitable children in this group are sent to the Open-air Cass and they derive much benefit there. The open-air life, directed exercises, rest periods, and good food, soon after admission, help these children to regain their strength, give good tone to their muscles, and increase their weight to at least the average for their age and height.

The Class Teachers likewise take an interest in these children, and in most schools the Class Teacher gives the child the special exercises advised. The School Nurse visits the homes of these children and advises the parents regarding any matter they do not exactly understand. Should the child be attending the family physician, she encourages the parents to carry out the Doctor's advice.

If the child is not having medical advice, and in the opinion of the Nurse or the School Teacher advice is required, the parents are requested to take the child to the School Clinic to see the School Medical Officer.

PROVISION OF MEALS.

Any necessitous cases reported to the Secretary of Education are at once provided with milk and eggs during school hours.

The number of children receiving food during 1927 was 90. These children received 379 meals, a total cost of £2 1s. 3d.

OPEN-AIR CLASS.

Since the opening of this Class on May 17th, 1926, much good work has been accomplished, and all the children attending have gained not only in health and strength, but also in mental fitness. All the children admitted were much under weight for their age and height.

The cost of food for these children during the school period was £136 17s. 4d. The amount received from parents towards this outlay was £45 0s. 8d.

Each child attending this class has a complete medical examination every three months, and is examined during the intervals as and when required.

These children, even when recovered, have no desire to return to the Ordinary School.

TABLE FOR TULLYALLAN OPEN-AIR CLASS.

In Attendance from 1926.	Admitted in 1927.	Discharged in 1927.	On Register, 31st Dec. 1927.	Average Duration of Attendances of those Discharged.	Average Increase in Weight of those Discharged.
22	14	9	25	35 weeks	6.08 lbs.

One boy died during the year. One boy was admitted to a sanatorium. Twelve girls, thirteen boys attending December 31st, 1927.

NOTES ON THE OPEN-AIR CLASS. (BY MISS RAWLINSON.)

The Open-air Class is approaching its third year. During the past year the Class has pursued the even tenor of its way. It consists of twenty-five scholars with age-range eight to thirteen years, the age-range varying after each medical inspection. All these children are at different stages of educational development. Throughout the year, use has again been made of the scholar's own school books. From the 1st April next this system will cease and each scholar will be provided with books and apparatus for use at Tullyallan. The class opens at 9.45 a.m., allowing for each child to receive religious instruction at his own particular school at his parents' discretion. A quick inspection of the scholars for cleanliness, minor ailments, etc., and a short talk in connection with hygiene open the day. Any defect which requires medical attention is referred to the School Medical Officer or the School Nurse the same day. Physical exercises, lessons, recreation and singing follow until 11.45 when preparations are made for lunch, the older girls laying the dining tables and preparing the table upon which the cook serves the dishes. At 12 o'clock lunch is served and is always prompt. The dietary table is scientifically constructed and contains the necessary body-building materials. It is well-varied and is worked fortnightly so that the little diners do not attach any particular article of food to any particular day without variation year in and year out. The charge for dinner is fourpence each. Malted milk is also served soon after arrival and at the close of the afternoon at a charge of one penny each per day. The changes for dinner are rung on meat and vegetables (potato pie, cottage pie, Irish stew, minced meat), followed by suet pudding or fruit and custard. Very few children enter with good appetites. For the first day or two they eat with some difficulty but a wholesome zest for meals soon obtains. After lunch the process of teeth-cleaning is gone through, and the tables are cleared, followed by rest on beds for an hour and a half until 2 p.m. The beds are comfortable, having closely woven wire mattresses, pillows and "army" blankets. In the warmer months, when fine, the beds are carried out into the garden. During the winter two rooms are used during the resting-period. All the windows remain open throughout the day the whole year round. The lowest temperature attained was 34 degrees. After rest, recreation, lessons and games follow until the close of the afternoon.

The class-room has the greater part of one side entirely open all the year round and two windows open as well. The children grow accustomed to breezes and do not feel cold neither do they take cold. Their outdoor garments and blanket are always available. As many lessons as possible are taken out of doors, chairs and tables being carried out for use on the verandah and gravel path. Special footboards have been constructed for use out of doors.

The children are very lively and play games with considerable vigour in most cases. The garden is a " happy hunting ground " for many of their own particular games.

Medical inspections are made quarterly, the unit of time for each child's stay being three months. This is extended if the School Medical Officer finds it advisable. Each child is measured and weighed fortnightly and the record kept. A diary of each child's health standard noting his general condition, appetite, application for sleep, disposition, absence and other details is also kept, the notes being invaluable data in the record of progress towards the goal of health.

All parents of children attending the class should be fully alive to the fact that only regular attendance can be countenanced and they should not keep any child at home unless there is a genuine cause such as sickness to which the School Medical Officer would himself assent. Intermittent attendance is useless and the absentee is thus withholding from another the benefit of a place in the class.

Visits to the class have been made by training college students as visits of observation and by teachers from the Darwen schools. The interest shown and assistance rendered in the loan of books from the schools has been much appreciated and it is to be hoped that the spirit of friendly co-operation will continue in the future.

HEIGHTS, WEIGHTS AND ENDOCRINE GLAND TABLES.

ENLARGED THYROID.

Age.		Degrees of Enlargement.									No. Examined.	
		(+)			(+ +)			(+ + +)				
		M	F.		M.	F		M.	F.		M.	F.
5 years	...	—	1	...	—	—	...	—	—	...	174	200
6 years	...	1	—	...	—	—	...	—	—	...	112	91
8 years	...	—	2	...	—	—	...	—	—	...	172	185
12 years	...	8	16	...	3	7	...	—	2	...	210	221
Total	...	9	19	...	3	7	...	—	2	...	668	697

PITUITARY TYPE.

12 years of age 1 Male ; 4 Females.

HYPOPITUITARY TYPE.

12 years of age 1 Male ; 1 Female.

NUMBER EXAMINED IN EACH YEAR OF AGE.

Age	5	6	7	8	9	10	11	12	13
Males	174...	112...	5...	172...	7...	4...	1...	210...	8
Females	200...	91...	1...	185...	7...	3...	—...	221...	5
Total	374...	203...	6...	357...	14...	7...	1...	431...	13

AVERAGE HEIGHTS IN INCHES.

Age...	5	6	7	8	9	10	11	12	13
Males....	41.68...	42.64...	44.00...	47.4 ...	49.89...	53.06...	54.50...	54.84...	57.31
Females.	41.29...	42.20...	42.25...	46.37...	48.20...	49.58...	—	55.15...	56.24

AVERAGE WEIGHTS IN POUNDS.

Age...	5	6	7	8	9	10	11	12	13
Males....	40.06...	41.69...	45.60...	52.30...	61.25...	63.93...	72.00...	73.46...	82.62
Females.	39.15...	41.46...	41.50...	50.27...	53.07...	57.50...	—	73.40...	73.00

LOWEST AND HIGHEST HEIGHTS AND WEIGHTS FOUND IN EACH AGE GROUP.

	Lowest Height in Inches.		Lowest Weight in Pounds.		Highest Height in inches.		Highest Weight in Pounds.	
	M.	F.	M	F.	M.	F.	M.	F.
5 years	36½	34¾	33	31½	47	47	53	51
8 years	42½	43	41	41½	54	51½	73	67
12 years	49	49	52	53	62¼	62½	115	129

ICHTHYOSIS AND XERODERMIA.

5 years	8 Males.	7 Females.
6 years	2 Males.	1 Female.
8 years	3 Males.	8 Females.
12 years	7 Males.	5 Females.
Total	20 Males.	21 Females.

My interest in Cancer of the Skin, caused me to examine carefully for skin peculiarities in children, coming up for medical inspection, and infants attending the Maternity Centres.

This I commenced in August, 1927, the above table represents the cases found at the day schools and represents an incidence of about 4 per cent.

The following questions arise to my mind :—

- 1 Is there a hereditary predisposing condition of the skin to cancerous conditions?
- 2 Do the epithelial layers of mucous membranes in these individuals suffer similar hereditary states?
- 3 In all cancerous conditions as found by medical men among their patients has a general careful examination of the skin been made as to the presence of such skin conditions?
- 4 Should a general enquiry into the family history of skin conditions be made?
- 5 In what manner (if any) does the Endocrine-Autonomic system affect epithelial coverings?

If such hereditary skin conditions and their inherent cause can be substantiated, then such individuals should be advised to seek employment where direct irritants of any kind are entirely absent.

I should suggest that a general survey of such conditions shou'd be made by all School Medical Officers so that a comprehensive report could be tabulated, as from such a report much valuable information would be acquired.





